Proposal Submission Date: 2/29/2024

Proposed Effective Data Year for Reporting: 2024 Data Year

Proposed ☒ Substantive Change ☐ Non-Substantive Change/Clarification

Proposal Number 2024.1

Proposal Status
- All Submissions
  - ☒ Received – Date 2/29/2024
  - ☒ Accepted ☐ Rejected by MCAS Blanks WG Chair
  - ☒ Posted to Web Page for Public Exposure/Comment – Date 4/3/2024
  - ☐ Referred to Another NAIC Group – Date Click or tap to enter a date.
    - Name of Group Click or tap here to enter text.
  - ☒ Adopted ☐ Modified ☐ Rejected ☐ Deferred by WG – Date 5/1/2024

Substantive Revisions
- ☐ Adopted ☐ Rejected by D Committee – Date Click or tap to enter a date.
- ☐ Adopted ☐ Rejected by EX/Plenary – Date Click or tap to enter a date.
- ☐ Other – Date Click or tap to enter a date. Specify Click or tap here to enter text.

NAIC Staff Input
Form updated with recommendation on 4/18/2024

Proposal Contact Information
- Name of Contact Person Rebecca Rebholz
- Name of Organization Wisconsin Office of the Commissioner of Insurance
- Email Address rebecca.rebholz@wisconsin.gov
- Phone Number 608-264-8111
- Affiliation Type ☒ State Regulator ☐ NAIC Staff ☐ Other Regulator ☐ Reporting Company
  ☐ Industry Trade Association ☐ Consumer Representative ☐ Other

PROPOSAL IS FOR: ☒ Data Element ☐ Data Definitions ☐ Data Validation

APPLICABLE LINE(S) OF BUSINESS:
- ☐ Annuity ☐ Lender Placed Auto and Home ☐ Private Flood
- ☐ Disability Income ☐ Life ☐ Private Passenger Auto
- ☐ Health ☐ Long-Term Care ☐ Travel
- ☐ Homeowners ☐ Other Health ☒ STLD

PROVIDE A CONCISE STATEMENT OF THE PROPOSED CHANGE:
Data elements #69 and #75 both ask for covered lives impacted by cancellations resulting from nonpayment.

Recommendation: Delete data element #69. Removing data element #69 will create more consistent wording throughout the entire MCAS STLD Blank.

#69 – Number of Lives on Policies/Certificates Cancelled Due to Non-Payment of Premium During the Period.

#75 – Number of insured lives impacted on terminations and cancellations due to nonpayment.

PROVIDE THE REASON FOR THE CHANGE:
Identify duplicate data elements and remove the duplicate element.
IF ADDITIONAL DOCUMENTS CONTAIN DEFINITIONS, BLANK MOCK-UPS, ETC, PROVIDE A LISTING OF THESE DOCUMENTS BELOW. SEND THE LISTED DOCUMENTS TO NAIC STAFF ALONG WITH THE COMPLETED FORM:

Click or tap here to enter text.